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# Bolivia National Reproductive Health Program
# Management Needs Assessment
March 8 - 22, 1991

Family Planning Management Development (FPMD)
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FAMILY
PLANNING
MANAGEMENT
DEVELOPMENT

**A project of Management Sciences for Health in collaboration with The Centre for Development and Population Activities**

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**Contents**

## I. Executive Summary

This report presents the results of a management needs assessment conducted in March 1991 by Jaime Benavente, Laurel Cobb and Sandra Wilcox. This needs assessment builds on the work previously conducted by FPMT in the areas of management training, financial management, and strategic planning. The assessment focused on analyses of: a) management needs in Bolivia, b) the situation within the Ministry of Health (MOH), the *Caja Nacional de Salud* (CNS) and the *Centro de Investigación, Educación y Servicios* (CIES). The core of this report is a proposal to support management activities in these three organizations.

Although the contraception prevalence rate in Bolivia is still significantly low, there is evidence indicating conditions appropriate for the expansion of FP services. There is a great potential need for FP, and there is a significant new demand for services. Political conditions are also quite favorable for service expansion; at the heart of this positive climate is the willingness of the MOH to implement the National Reproductive Health Program. Additionally, there is ample ground for collaboration between the public sector and the private sector and finally, technical assistance and financial support are available.

However, progress in expanding and improving FP services will depend on the capacity of Bolivian FP organizations to appropriately set goals, plan activities and manage the resources available to them. The successful implementation of the National Reproductive Health Program will lead not only to increased satisfaction of the actual unmet demand but to generate new demand. In order to ensure success, the Program will require significant assistance in management and organizational development. In the public sector, this assistance should focus on the need for decentralization of management. In the NGO sector, assistance will be required in the areas of sustainability and financial management.

FPMD proposes the placement of a long-term Resident Technical Advisor in Bolivia to provide technical and administrative support to planned FPMD activities in Bolivia, and to coordinate and direct the activities of four A.I.D. Information and Training Division funded cooperating agencies working both in the public and private sector.

In the public sector FPMD is proposing to support the MOH with management training for central and mid-level administrators. This training will focus on strategic and operational planning and monitoring. FPMD also proposes to support two *Unidades Sanitarias* (in Cochabamba and Potosí) in general management development. FPMD will support the CNS in the improvement of its management capability to expand FP services. In the private sector FPMD's main task will be to support the organizational development of CIES. This support will focus on the development of strategic and operational planning, and strengthening CIES' administrative systems.

FPMD will work with the MOH, CNS and CIES in developing realistic Management Development Plans. In collaboration with these institutions, we will prioritize activities, develop implementation plans and design a basis for their monitoring and evaluation. We expect that the Management Development Plans will be completed during the Fall of 1991.

## II. Introduction

This report focuses on: a) an overall country assessment and b) the analyses of three particular organizations, the Ministry of Health (MOH) and its National Reproductive Health Program, the *Caja Nacional de Salud* (CNS) and its role in the National Reproductive Health Program, and the *Centro de Investigación, Educación y Servicios* (CIES), the leading family planning NGO in the country. This scope of work, less expansive than the one originally envisioned, was developed in conjunction with USAID/Bolivia's population officers after arrival in-country and it was concluded that it would be more productive to narrow down the scope of work instead of conducting a comprehensive management needs assessment of the Bolivian Family Planning System, that would have included: a) a thorough assessment of management needs at the country level, b) an analysis of the different sectors (public, NGOs and commercial) comprising the family planning system, and c) in depth needs assessments of individual organizations.

A draft proposal of activities that FPMD would support in the MOH, the CNS and CIES is the core of this Trip Report.

## III. FPMT Background

FPMT initiated activities in Bolivia in January, 1988, with a management assessment of nine Bolivian organizations that had been offering or planned to offer, family planning services. In collaboration with the AID Mission, FPMT developed two objectives: to promote the broad-scale development of a coalition (consisting of both individuals and organizations) that would support the development of a family planning system; and to assist the institutional growth of organizations that the Mission and FPMT believed capable of becoming both leaders in the fledgling family planning system and, potentially, significant service providers.

FPMT sponsored two workshops that brought a coalition of family planning providers together: in May 1988 the STRATEGIC PLANNING FOR MATERNAL HEALTH WORKSHOP for both NGO and public sector participants, and in January 1989 the FINANCIAL MANAGEMENT FOR SUSTAINABILITY OF HEALTH PROGRAMS WORKSHOP for NGOs. To further strengthen the coalition and to build family planning expertise, FPMT led a study tour for senior managers of the four most important family planning NGOs to Brazil, and then sponsored their attendance at the Second Annual Latin American Family Planning Congress.

Simultaneously, FPMT began management development activities with four organizations targeted by the Mission and FPMT: CIES and *Cruz del Sur*/SERVIFAM, both NGOs; the *Caja Nacional de Salud* (of the Bolivian Social Security Institute), and the *Unidad Sanitaria* (the implementing arm of the MOH) of Cochabamba. As well as being providers of family planning services, these last two public-sector agencies were considered potentially important contributors to a more positive policy environment in Bolivia.

By means of technical assistance in strategic planning, marketing, and finance, FPMT assisted

both CIES and *Cruz del Sur*/SERVIFAM in the development and implementation of programs. For the *Caja Nacional de Salud*, FPMT assisted in the creation of a family planning program by establishing a management development plan and organizing three workshops, the first in strategic planning, another in budgeting and control, and a third in organizational change. Assistance to the *Unidad Sanitaria* of Cochabamba consisted of a diagnosis of its management training needs. A strategic planning workshop followed the assessment, this workshop assisted the Unidad Sanitaria in development of short-term plans to serve as first steps in the decentralization process being initiated by the MOH.

## IV. Country Demographic Profile and Family Planning

With an annual growth rate of 2.7%, Bolivia is still the country with the fastest population growth in the region. At this pace, its actual population of 6.4 million (1988) is expected to reach 9.7 million in the year 2000 and double by 2012. The main factors explaining this rapid growth are the persistent high fertility (TFR still at a level of 5.1 children per woman in reproductive age and CBR of 38 live births per 1000 people) and the mortality decline experienced during the last twenty years. In fact, infant mortality has dropped from nearly 170 infant deaths per 1000 live births in 1960 to around 100 deaths in 1988. While fertility has been declining at a rate of .05% per year since the early 1970's, infant mortality and the mortality of children under five have been reduced at a pace over 2% per year (four times the decline experienced by fertility). Consistent with its high TFR, Bolivia presents a low contraceptive prevalence rate, actually the lowest in South America. According to the 1989 Demographic and Health Survey (DHS)[1], 30% of all women in union are using some sort of contraceptive methods; however, more than half reported to be resorting to abstinence.[2] Only 12% of all women in union are currently practicing modern contraception, nearly one third of them use the IUD and another third are sterilized. Only 15% of those women using modern methods reported using pills. (See **Table II**)

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1 Bolivia Demographic and Health Survey. *Instituto Nacional de Estadísticas* and Institute for Resources Development/Macro Systems, Inc., Maryland 1990.

2 The DHS report does not discriminate between those who are using abstinence as birth control from those who are not at risk due to temporary migration or other social factors unrelated to contraceptive practices.

## TABLE I: DEMOGRAPHIC PROFILE

| | |
|---|---|
| **Total Population (1988)** | **6.4 Million** |
| **Annual Growth Rate** | **2.7%** |
| **Total Fertility Rate** | **5.1** |
| **Infant Mortality** | **100/1000** |
| **Contraceptive Prevalence Rate (Modern Methods)** | **12%** |
| **Maternal Mortality Rate** | **48/10,000** |

The high fertility level and the dramatic infant and child mortality decline imply that the youngest segments of the population are predominant ones. In Bolivia, 42% of the population is under 15 years of age, the highest percentage in this age group in the region (the average of the Tropical South American region is 37% and the average in the Temperate South America is 33%). With this young age structure it is expected that the Bolivian population will continue growing fast in the next decades, despite significant progress in contraceptive practice. Evaluation of population and family planning projects must consider this situation when trying to determine the impact of project activities upon the growth rate.

The fertility level and contraception level are significantly determined by the urban or rural character of the place of residence. According to the results from the DHS, while TFR for urban areas was 4.2, the one for rural areas is 6.1. An even stronger difference can be found when contraceptive prevalence is considered: contraceptive prevalence rate (CPR) for modern methods in urban areas is 15.7%, CPR for rural areas only reaches 7.8%[3]. Empirical evidence indicates that the highest contraceptive prevalence levels can be found in the largest urban concentrations, La Paz-El Alto, Santa Cruz and Cochabamba.

The modern contraception method mix in Bolivia consists of: IUDs (39% of users of modern methods), female sterilizations (36% of users) and pills (15%). More than 50% of female sterilizations are performed in the Public Sector (MOH and CNS), nearly 30% in private hospitals, and 9% by health practitioners in private clinics. About 77% of IUDs are provided in private clinics or by private doctors or in private hospitals; 20% are provided by the public sector. Pills are mainly provided by private practitioners and private clinics (46%), and pharmacies and other retailers (38%). In addition to these methods, 6% use injectables, nearly 3% use condoms and 1% diaphragm.

[3] According to current estimates 46% of the Bolivian population lives in urban areas (37% in urban concentrations of more than 50,000 people and 9% in small urban concentration of 2,000 to 50,000 people) and 54% in rural areas. (Encuesta Nacional de Población y Vivienda, Instituto Nacional de Estadísticas. La Paz, 1988.)

## TABLE II: DISTRIBUTION OF CPR BY CONTRACEPTIVE METHOD

| METHOD | DISTRIBUTION OF CPR TOTAL | PERCENTAGE DISTRIBUTION OF MODERN METHOD CPR | PERCENTAGE DISTRIBUTION OF TOTAL CPR |
|---|---|---|---|
| IUDs | 4.8% | 39.3% | 15.7% |
| Sterilization | 4.4% | 36.1% | 14.3% |
| Pills | 1.9% | 15.6% | 6.0% |
| Injectables | 0.7% | 5.7% | 2.3% |
| Condoms | 0.3% | 2.5% | 1.3% |
| Diaphragm | 0.1% | 0.8% | 0.3% |
| Traditional | 18.1% | --- | 60.1% |
| TOTAL | **30.3%** | 100% | 100% |
| | | (**12.2%**) | (**30.3**%) |

Although the level of contraception prevalence is significantly low, there is evidence indicating good possibilities for expanding family planning services. The results from the recent DHS (1989) evidence the existence of an important unmet demand, and an even larger need, for family planning services. Nearly 65% of the women interviewed indicated that they did not want any more children and another 14% indicated they wanted to space their next pregnancy. These percentages reflect the overall potential need for family planning: 78% of the women in union can be defined as in need. Furthermore, the desire to stop having children is not only present among women with high parity but also significantly strong among women with low parity: nearly a third of women with only one child and two thirds of those with two children do not want another child. The potential need for family planning services is clearly more acute in the rural areas, where the services are more scarce and their accessibility more difficult. Around 70% of women in union are in a situation that could be helped by using contraception. Nonetheless, only a third of these women in need of family planning services (20% of all women in union) manifested a clear desire for using family planning in the near future. Even if only this moderate new demand for family planning services is met, contraceptive prevalence (using modern methods) could more than double in the next five years.

In general, the prospects for the expansion of the provision of family planning services is favorable. First, there is a great potential need (fecund women not regulating their fertility and not wanting more children or wanting to space future pregnancies) for family planning, and there is a significant new demand for services (which could hardly be satisfied under the current conditions). Second, political conditions are quite favorable for service expansion, at the heart of this positive climate is the willingness of the MOH to implement the National Reproductive Health Program. Third, there is ample ground for collaboration between the public sector and the private sector

(especially NGOs); and fourth, technical assistance and financial support are available. Nevertheless, progress in expanding and improving family planning services will strongly depend on the capacity of Bolivian family planning organizations to appropriately set goals, plan activities and manage the resources available to them. Unfortunately, managerial know-how constitutes an important weakness in the family planning system. In addition to these managerial requirements, a significant, and healthy expansion of services can only be achieved under some basic conditions of stability that ensure a minimal continuity of the efforts, despite
changing political conditions.

Work in family planning in Bolivia has faced significant obstacles during the last twenty years. Though from opposing camps, the two main social sectors opposing the expansion of family planning have been the Catholic Church and grass-root and leftist political organizations. Initial efforts to develop a national program were drastically halted in the late 1960's due to strong criticisms of some family planning efforts carried out in the rural areas[4]. These attacks on family planning services made large segments of the population sensitive to the problem of population reduction and foreign intervention.

Criticisms of family planning programs peaked again during the mid-1970's when the government tried to develop a new MCH program that emphasized family planning as one of its components. Due to this negative reception, the growth of services was insignificant and modern contraceptive prevalence has remained unchanged during the last fifteen years.

Concern about the need for family planning services started growing again in the late 1980's. Unfortunately, in 1988, a World Bank report recommending the reduction of fertility rates in order to achieve a balance between population and resources, sparked controversy once again.[5] However, this time the confrontation yielded good results as most sectors involved in the dispute (including the Catholic Church) had to recognize the rights of women to care about their health and that of their children, and rights of couples to freely decide the number of children they wanted to have and to control their reproduction accordingly. Empirical evidence showing the adverse condition of national health in Bolivia has helped in this development; the fact that it has been recognized that nearly 20% of all pregnancies end in abortion and that every year 48 mothers die for every 10,000 live births[6], has made people more aware of the connection between high fertility and mother and child health. After some years of debate in 1990 the MOH, with the support of USAID, was able to formalize a proposal for expanding family planning activities under the overall concept of reproductive health. The

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4 In 1968, a polemic movie (***La Sangre del Cóndor***) described massive and involuntary sterilization of peasant women in some rural areas of the country and accused Peace Corp volunteers for providing assistance to health teams to implement this program.

5 *Banco Mundial, Estrategia Sectorial de Población, Salud y Nutrición*. La Paz, 1988.

6 Median maternal mortality in Latin America/Caribbean is 27 deaths per 10,000 births and in the Tropical South American region 31 deaths per 10,000 births. WHO, Division of Family Health, "Maternal Mortality Rates: A Tabulation of Available Information," 2nd Edition. Geneva, 1986.

National Reproductive Health (NRH) Program can constitute an important turning point in the family planning history of the country.

The National Reproductive Health (NRH) Program represents a commitment by the MOH to upgrade its Mother Child Health Care (MCH) Program and explicitly include family planning as part of reproductive health. USAID is strongly supporting these efforts and as a result of this support, the commitment for expanding and improving FP services also includes the work of the NGOs and some segments of the commercial sector. The AID/Bolivia program supports the three main sectors; public sector, private sector and social marketing. The NRH Program includes five basic components: service expansion and improvement, information, education and communication efforts, training, research/evaluation, and population policy. The participation of the public sector in this effort has been further strengthened by the USAID/GOB bilateral Agreement (with the Ministry of Planning in October 1990) which involves the participation of MOH's MCH Program, the *Caja Nacional de Salud* and the technical office of the *Consejo Nacional de Población* (CONAPO). This NRH Program also will benefit from substantial support from the Panamanian Health Organization of the WHO (PAHO).

The successful implementation of the National Reproductive Health Program will lead not only to increased satisfaction of the actual unmet demand but to an additional expansion of this demand. As it was indicated earlier, however, in order to ensure success, this enormous venture will require significant assistance in management and organizational development due to the limited capability of both the public and private sectors in family planning. In the public sector, this assistance should focus on the need for decentralization of planning and management. At the NGO level, assistance will be required in the areas of sustainability and financial management.

## V. Description of Family Planning Sectors

### A. The Public Sector

Most of the family planning services in the public sector are provided by the MOH through its MCH Program. Actually, about 25% of users of modern contraceptive method have obtained them from the MOH (over 50% of female sterilization and around 20% of IUDs have been provided in health units of the Ministry). Considering the health care infrastructure of the Ministry (nearly 600 health service delivery units organized in 13 health districts), the possibility for expanding services is significant. The implementation and expansion of MOH family planning services is the major force for increasing contraceptive prevalence in the country. Because of the MOH's service system size as well as the GOB's stated commitment to Reproductive Health, FPMD will work with the MOH in order to strengthen their management capacity in the area of Reproductive Health.

Because the important role of the *Unidades Sanitaria's* of the MOH in the implementation of Reproductive Health interventions FPMD proposes to begin activities in two *Unidades Sanitarias*. The FPMT Project began working with the Unidad Sanitaria in

Cochabamba in 1990, the MOH is undergoing a decentralization process and much of its managerial needs revolve around the need to organize this process and how to establish needed services. Since the unit of the *Unidad* that has the important potential in reproductive health is the Maternidad, FPMD recommends a more thorough analysis of the Maternidad's needs in administration of reproductive health services. In Addition, USAID/Bolivia Mission has requested to conduct an analysis the *Unidad's* need for better management information systems; this request has the support from the *Unidad's* director who is interested in some of PROFAMILIA's (Colombia) management systems for the *Unidad* in Cochabamba.

A second *Unidad Sanitaria* site in Potosí has been selected because it is an area that has a Director who is very committed to reproductive health, and because there is successful public/private sector collaboration underway; CIES and the *Unidad Sanitaria* have a good cooperative relationship. Additionally, the Unidad Sanitaria has requested a cost/pricing/ability to pay study done for the Potosí area and CIES (who now has experience doing their studies) has offered their assistance with the studies. Potosí presents an interesting challenge in reproductive health; it is the fourth largest province after La Paz, Cochabamba and Santa Cruz, and nearly 70% of its population is rural. Recently, Potosí has been receiving some population that initially migrated to the cities and who are starting to go back to rural areas because new private mining operations are picking up where the state owned enterprises left off. There is also a new lithium mining operation which will shortly begin operation in rural Potosí which is expected to employ a large number of miners. Therefore, FPMD sees this as another incentive for working in the Department of Potosí. The MOH Reproductive Health staff are currently engaged in a 9 month PAHO supported clinical training program to upgrade physician/nurse clinical skills in reproductive health. The Departmental Unidades Sanitarias are also beginning to provide services in different regions.

The *Caja Nacional de Salud* (CNS)[7], the other main health care provider in the public sector, although in the forefront advocating for change several years ago, has not expanded services beyond or within the one Hospital where they were available two years ago. Since the *Caja Nacional de Salud* is one of the institutions in the National Reproductive Health Program, it is expected that it will start providing family planing services in the near future; however, the potential for impact is not as great as it is in the MOH. Currently, the CNS provides with modern contraceptives to less than 5% of the female contraceptive population.

The FPMT Project began working with the Caja Nacional de Salud (CNS) in 1989. At the time the USAID funded Reproductive Health Program was not underway and the CNS had never offered family planning services. In FY 91 The Pathfinder Project began working

[7] The *Caja Nacional de Salud* is the health implementing agency of the *Instituto Boliviano de Seguridad Social* (IBSS, Bolivian Social Security Institute). It stands as an autonomous public institution with its main objectives being: protecting the health of insured workers and their families, providing compensation in case of worker disability, and a contribution towards the improvement of the health of insured workers and their families.

with the CNS in the area of clinical training and the USAID Reproductive Health Project began and was able to work out a bilateral grant to the CNS. USAID/Bolivia has requested that FPMD work with the CNS, and FPMD will conduct an in-depth management needs assessment in the area of reproductive health.

CONAPO is another important public sector organization in population and family planning. Although not a service delivery organization, its influence shaping population policies and its role in promoting reproductive health and family planning have been decisive. CONAPO has a strong capacity in research and analysis and can constitute an important source of local technical assistance for the National Reproductive Health Program.

## B. The Non-Governmental Organizations (NGO) Sector

The number of NGOs providing family planning services is small. Also their impact on the overall composition of contraceptive prevalence is not clear. Results from the DHS do not allow a definitive analysis of the role of the NGOs as family planning services and method providers[8]. Other sources of information, however, indicate that between 12 and 15% of users of modern contraceptive methods would have obtained services from NGOs.

The largest and most active NGO is the *Centro de Investigación, Educación y Servicios* (CIES) which annually serves between 20,000 and 25,000 low income women living in marginal urban areas. CIES' services are provided at the clinic level (three clinics, supervised from central office) and at the community level with the assistance of about 200 *promotoras* supervised by personnel from the clinics. CIES charges its clients a minimal fee for the services and contraceptive methods. Considering the income of the population served, an increase in fees is very unlikely. CIES is currently in a process of service expansion and can greatly benefit from organizational and management technical assistance. CIES has played an important role in the promotion of and policy definition for family planning in the country. It advocates and indirectly influences formulation of rules and regulations at both public and private sectors. The main sources for funding are international donors, primarily USAID.

FPMD will work with CIES not only because it is the only NGO sector organization providing services, but also because it is providing leadership in the family planning arena and has already demonstrated that it has the institutional capacity to expand its services to other areas of Bolivia. CIES has requested assistance in maintaining its institutional integrity particularly with the staff who are outside of La Paz and El Alto. CIES is also in the process of acquiring support to work in Sucre and is planning to move later into Tarija. As a result

[8] There is some evidence indicating that users interviewed in the DHS were not able to distinguish between an NGO or a private clinic.

of this planned expansion, CIES has asked FPMD assistance with its expansion and to maintain its institutional identity.

Other NGOs providing family planning services are quite marginal in the overall level of prevalence. *Hospital San Gabriel* provides reproductive health services but its coverage is very small (less than 1200 attentions per year). *Hospital San Gabriel* has also had an important role as a research and advisory group in the area of reproductive health. The director is a very outspoken advocate of family planning.

FAMES, although not a direct service provider, gives support to a group of private health providers (primarily medical doctors). This support includes technical assistance, training and free supply of contraceptives. Indirectly, FAMES supports the provision of family planning services to nearly 10,000 clients. FAMES is also helping USAID in the distribution of contraceptives to other NGOs.

PROSALUD, a successful private not-for-profit network of primary health centers in and around Santa Cruz provides limited family planning services. However, its planned USAID supported expansion to *El Alto* and La Paz includes the provision of significant services in reproductive health and family planning.

FEPADE, another small NGO, provides services to a limited population primarily in low income and rural areas outside of Cochabamba. It is expected that the actual training of FEPADE clinicians in IUD insertion (provided by Development Associates) will increase the number of family planning users in the rural areas served by FEPADE.

Finally, the NGO SERVIFAM/*Clínica Médica Cruz del Sur* that received some technical assistance under FPMT has recently discontinued its services.

### C. The Commercial Sector

The commercial sector in Bolivia is an important source of both family planning services and commodity supply. Altogether (private practitioners, private clinics and hospitals and retailers), the commercial sector constitutes a source of services and methods for 63% of the population currently using contraceptives.

Results from the DHS indicate that nearly 40% of women currently using contraceptives consulted private doctors or private clinics for services and methods; and another 14% was served in private hospitals. Private health practitioners are important in providing services and counseling, especially for middle class women (we have already described the FAMES network of medical doctors providing services).

Pharmacies are other main sources for distributing commodities and providing services; nearly 9% of users reported to have obtained contraceptive methods from a pharmacy or other retailer. The implementation of the SOMARC project in Bolivia (which provides condoms and pills at subsidized prices through private retailers) has significantly increased the role of the commercial sector in increasing contraceptive availability and access among undeserved populations. Since half the population of Bolivia is rural and underserved, SOMARC has been also exploring the development of a distribution network in these areas.

## VI. OVERALL STRATEGY

The Government of Bolivia through the Ministry of Health has made a commitment through its National Reproductive Health Program to upgrade its Mother/Child Health Care (MCH) Program and explicitly include family planning as part of reproductive health. The goal is to provide reproductive health services and family planning in every MOH clinic nationwide by 1993. The GOB's commitment for expanding and improving FP services includes not only utilizing the resources available at the MOH and the *Caja Nacional de Salud*, but also includes the work of the NGOs and segments of the commercial sector. The NRH Program has five basic components: 1) service expansion and improvement; 2) information, education and communication; 3) training; 4) research/evaluation; 5) development of population policy.

USAID/Bolivia is supporting the National Reproductive Health Program's commitment to expand and improve FP services through its Reproductive Health Project which offers direct Mission support to the public, private and commercial sectors in Bolivia. USAID Assistance to the public sector is in the form of a bilateral GOB-USAID Agreement which involves participation in the MOH's MCH Program, the *Caja Nacional de Salud*, and the technical office of the *Consejo Nacional de Población* (CONAPO).

## FPMD Strategy

FPMD will support the management priorities facing the National Reproductive Health Program in Bolivia. The management technical assistance and training to be provided by FPMD will help develop management skills and institutional capacity for service improvement and expansion, and build towards sustainable institutional growth.

FPMD will work with the public and private sectors. FPMD will be working with public sector entities and NGO's to help strengthen their management capacity so they can grow, expand, and reach previously unreached populations. FPMD will assist the Government's efforts in drawing upon the resources in the NGO sector so as to make the National Reproductive Health Program more expansive. In the public sector, FPMD assistance should focus on the need for decentralization of planning and management. At the NGO level, FPMD assistance will be in the areas of sustainability and financial management. The organizations that FPMD will be working with have been selected because they the potential to become leading providers of family planning services.

## VII. Recommended FPMD Activities

The key FPMD intervention in Bolivia is the provision of a long-term Resident Technical Advisor to provide technical and administrative support to planned FPMD activities in Bolivia, and to coordinate and direct the activities of four IT division Cas. The Resident Technical Advisor will be responsible for planning and monitoring the following FPMD supported interventions:

### A. Public Sector.

#### 1. Ministry of Health (MOH):

The Ministry of Health (MOH) is the principal public sector actor in the Bolivia National Reproductive Health Program effort. USAID/Bolivia is supporting the Bolivian National Reproductive Health Program with a USAID-GOB bilateral Reproductive Health Agreement. The influence of the MOH is twofold: at the central level in the political support and planning of the National Reproductive Health initiative and in the coordination of the various institutions (private and public sector) that participate in the Program; and at the implementation level where the sheer size of the organization (personnel and service points) can provide a secure basis for a successful expansion of services. FPMD recommends support to the MOH at three levels:

At the central level:

- A 5-day Workshop for 18 senior managers of the National Reproductive Health Program in strategic planning and strategic decision making. The participants of this workshop will acquire the skills necessary to use strategic planning as a tools for decision making. FPMD will teach the elements of developing a strategic plan, discuss the issues relating to each stage in the process of strategic planning, and teach how to operationalize a strategic plan.

At the district level:

- A 5-day Planning and Monitoring Workshop for 36 mid-level managers from the 18 districts selected for implementation of the National Reproductive Health Program interventions. Participants will leave this workshop with the skills necessary to implement project planning and monitoring techniques that will increase management effectiveness.

At the operational level:

- FPMD will provide general management support for service expansion in reproductive health at the *Unidad Sanitaria* level of the MOH. Due to the constraint of FPMD resources, this assistance can only be provided to two *Unidades Sanitarias.* After discussing the various options with the MOH and USAID/Bolivia, FPMD recommends working with the *Unidades Sanitarias* in Cochabamba and Potosí.

  The initial activity for both *Unidades* will be the design and implementation of an in-depth management needs assessment of their Reproductive Health Programs.

  - In Cochabamba, the support, as well as the needs assessment, will focus on the *Maternidad*. FPMD will provide technical assistance for the strengthening of the management of operations.

  - In Potosí, a costing and pricing study is recommended in addition to the needs assessment.

**2. *Caja Nacional de Salud*:**

The *Caja Nacional de Salud* (CNS) is an important organization in the overall effort of Reproductive Health, despite its lack of progress in the area of family planning. The CNS jointly with the MOH and CONAPO are the three principal governmental institutions in the USAID-GOB bilateral Reproductive Health

Agreement. FPMD will continue to promote FP activities within the CNS, and will support the development of services through management and organizational development interventions.

- *The Caja Nacional de Salud* is receiving direct USAID/Bolivia, support from The Pathfinder Fund in the development of services, and the technical assistance from JHU/PCS in the development of an IE&C strategy for the CNS Reproductive Health Program, as well as in the development of inter-personal communication building skills training modules (being developed for use and adaptation in various sectors in Bolivia.) FPMD involvement with the CNS will complement, at the management level, the service delivery technical assistance provided by The Pathfinder Fund, JHU/PCS and other Cas working with the CNS. It is recommended that FPMD undertake an in-depth management needs assessment of the *Caja Nacional de Salud* to develop a comprehensive management development plan, integrating short-term and long-term FPMD technical assistance plans.

## B. Non-Governmental Organizations (NGO) Sector.

After an in-depth analysis of the NGO sector, FPMD has concluded that the leading NGO providing FP services in the country is the *Centro de Investigación, Educación y Servicios* (CIES). Subsequently, USAID/Bolivia and FPMD have agreed that FPMD assistance will focus on assisting CIES to develop its management capacity in order to improve the quality of the services they provide and to plan future growth.

### 1. Recommended activities to support CIES:

FPMD is providing CIES with an Administrative Advisor, Carlos Salazar, who will support CIES' managerial development activities and systems development activities. In addition to this assistance, FPMD recommends the following specific activities:

### 2. Managerial development

- Strategic and Operational Planning. A workshop (3-4 days) to bring together core personnel to review and update the organization's strategic plan. This workshop will consist of a review of the progress of activities outlined in the CIES 1989 Strategic Plan and to plan next steps now that CIES has completed many of the recommended tasks from the 1989 Plan. The final outcome of this workshop will be a revised strategic plan and an up-dated operational plan.

- Central and Local Planning. FPMD will support annual or bi-annual meetings with the participation of one or two managers from each of CIES's clinics, as

well as *promotoras* from the different regional clinics and projects.

- *Boletín*. FPMD will support the design and development of a bi-monthly administrative newsletter that will address important managerial issues and will serve as an organizational networking tool for CIES' employees.

**3. Systems support**

FPMD recommends the development of a modular/interactive management information system for CIES which includes accounting, inventory control and service statistics. FPMD will provide financial and technical support for this activity.

- Design and implementation of an accounting and costing module to plan, monitor and evaluate CIES' resources.

- Design and implementation of an inventory control module that will interact with the accounting module and will keep up to date information regarding stocks and projected needs.

- Design and implementation of a service statistics module that will interact with both the accounting and inventory modules.

  This effort will consider (and coordinate with) the development of the central MIS for the Reproductive Health Services Project. It is expected that CIES' MIS will feed the Quipus Software planned to be installed by Development Group, Inc. at the MOH.

**4. Administrative support**

- FPMD recommends funding the purchase of computer systems (CPU Unit, Monitor, Laser Jet III Printer, including software) and the training of staff in both their operation and in using information for decision making.

## MANAGEMENT DEVELOPMENT PLANS

FPMD will be working with the Ministry of Health (at the central level and with the Unidad in Cochabamba and Potosí), Caja Nacional de Salud and CIES to develop realistic Management Development Plans with these institutions. In collaboration with these institutions, we will prioritize activities, develop implementation plans and design a basis for their monitoring and evaluation. The planning and design of specific activities will allow the organization and FPMD to select indicators for their evaluation. We expect that the Management Development Plans will be completed during the Fall of 1991.

# MDP INDICATORS
# BOLIVIA

**September 1991 - August 1992**

## National Reproductive Health (NRH) Program Support

| OBJECTIVES | ACTIVITIES | EXPECTED RESULTS | INDICATORS |
|---|---|---|---|
| Attain a level of coordination and integration of the various activities Cas are implementing in support of the NRH Program. | Continuous Technical Support to National Reproductive Health (NRH) Program/Coordination of CA activities (JHPIEGO, D.A., Johns Hopkins PCS and FPMD) | ● Provide USAID/Bolivia, GOB-MOH and other donors with continuous information about the work of the AID IT Division Cas.<br><br>● Inter-CA communication of activities being undertaken in Bolivia through the completion and distribution of a summary monthly report to Cas.<br><br>● Feedback from Cas to coordinator to avoid overlap in TA and training. | • USAID/Bolivia officers responsible for NRH, MOH Director General responsible for implementation of NRH, and other donors (PAHO, UNICEF, etc.) participating in the NRH effort informed of the status of current/planned activities as a result of FPMD coordination.<br><br>• Summary monthly report of Cas activities completed in a timely fashion and distributed to Cas.<br><br>• Monthly report of Cas field activities filed or not. |

# Ministry of Health (MOH)

| OBJECTIVES | ACTIVITIES | EXPECTED RESULTS | INDICATORS |
|---|---|---|---|
| Train senior managers of the NRH in the fundamentals of the development of plans at strategic and operational levels. | Central Level Strategic Planning Workshop | ●Participants acquire basic tools to develop SP in their Units | • Results from post workshop knowledge test.<br><br>• Application of SP in Units led by workshop participants at any time in following a twelve month period after the training. |
| Train NRH District level managers in techniques of planning by objectives and activity monitoring. | NRH Program District Level Planning & Monitoring Workshop | ● Participants acquire basic tools for project planning and monitoring. | • Results from post workshop knowledge test.<br><br>• Development of basic plans at District level and design of monitoring tools following a 12 month period after the training. |
| To improve management of NRH activities for service expansion at the *Unidad Sanitaria* level. | Management Support to the NRH Program in *Unidad Sanitaria* of Cochabamba | ● Assessment of needs for the expansion of RH activities (MDP)<br><br>● Objectives (targets) defined for the Province and for each District.<br><br>● NRH activities at Unidad Sanitaria level are defined and organized in an annual plan.<br><br>● Responsibility for implementation of NRH activities clearly defined. | (Indicators for this section will be defined with the MOH/*Unidad Sanitaria* after the assessment is completed) |

# Ministry of Health (MOH), Cont.

| OBJECTIVES | ACTIVITIES | EXPECTED RESULTS | INDICATORS |
|---|---|---|---|
| To improve management of NRH activities for service expansion at the *Unidad Sanitaria* level. | Management Support to the NRH Program in *Unidad Sanitaria* of Potosí | ● Assessment of needs for the expansion of RH activities (MDP)<br><br>● Objectives (targets) defined for the Province and for each District.<br><br>● NRH activities at Unidad Sanitaria level are defined and organized in an annual plan.<br><br>● Responsibility for implementation of NRH activities clearly defined. | (Indicators for this section will be defined with the MOH/*Unidad Sanitaria* after the assessment is completed) |

# Caja Nacional de Salud

| OBJECTIVES | ACTIVITIES | EXPECTED RESULTS | INDICATORS |
|---|---|---|---|
| To identify management TA and training needs of CNS to strengthen their participation NRH Program. | In-depth Management Needs Assessment and completion of MDP. | ● Develop short and long-term technical assistance plans (MDP).<br><br>● Reproductive Health Objectives (targets) defined for the CNS; NRH activities are defined and organized in an annual plan; and responsibility for implementation of NRH activities clearly defined. | (Indicators for this section will be defined with the CNS after the assessment is completed) |

# Centro de Investigación, Educación y Servicios (CIES)

| OBJECTIVES | ACTIVITIES | EXPECTED RESULTS | INDICATORS |
|---|---|---|---|
| Review current Strategic Plan | Strategic and Operational Planning Workshop | ● Revised strategic plan and updated operational plan. | • Number of planned activities initiated and completed in a timely manner during first year of implementation after revision.<br><br>• Assessment of completed activities providing feedback of current plans during first year of implementation after revision. |
| Clinic level personnel (including CHWs) informed and familiarized with CIES' strategic plan.<br><br>Acquire know-how to develop clinic level annual plans. | Support Annual or Bi-annual Planning Meetings | ● Development and monitoring of annual plans at the clinic level. | • Number of clinics with annual plans three months after meetings.<br><br>• Number of clinics with simple monitoring systems developed six months after meetings. |
| Bi-monthly distribution of newsletters to different level managers. The newsletter will cover topics such as planning by objectives, monitoring, personnel management, use of information, and other mgmt/administration issues. | Design and Development of a Bi-monthly Administrative Newsletter (*Boletín*) | ● Production of newsletters every other month and distributed within 15 days of production. First issue produced 3 months after planning with an initial distribution quantity of 30 reaching a level of 60 copies of each issue by the end of the first year of production. | • Number of newsletters produced in a 12 month period.<br><br>• Number of newsletters distributed in a timely fashion to the target audience. |

# Centro de Investigación, Educación y Servicios (CIES), Cont.

| OBJECTIVES | ACTIVITIES | EXPECTED RESULTS | INDICATORS |
|---|---|---|---|
| To provide continuous and accurate information to managers:<br><br>To provide income, expenditure, and cost control information.<br><br>To provide information to monitor and report on commodity procurement, and stock and supply.<br><br>To produce information concerning production of FP services (new acceptors, re-visits, method distributed, etc.) Produce indicators for the monitoring of services and to feed information into the costing module. | Development of a Modular/Interactive MIS:<br><br>Accounting/Costing Module<br><br>Inventory Control Module<br><br>Service Statistics Module | ● Design of systems completed in six months (by February 1992)<br><br>● Systems fully operational by August 1992.<br><br>● Modules can work in an integrated fashion. | • Date of completion of model design.<br><br>• Start date of operation of modules.<br><br>• Production of indicators from modular interaction (indicators will be defined jointly with CIES' in the design stage of activity) |
| Improved overall management of the organization by providing continuous resident TA and on-the-job training to senior officers. | Continuous Support in Management/Administration | ● Design administrative procedures.<br><br>● Monitor implementation of annual plan.<br><br>● Support clinic level annual plans.<br><br>● Upgrade management systems. | (Performance indicators for this section will be defined jointly with CIES' senior managers in next trip to Bolivia) |

## Centro de Investigación, Educación y Servicios (CIES), Cont.

| OBJECTIVES | ACTIVITIES | EXPECTED RESULTS | INDICATORS |
|---|---|---|---|
| Upgrade computer (hardware and software) capability. | Procurement of Computer Equipment | ● Equipment and software in place in September 1991.<br><br>● Computer/software & printer fully installed and operational by October 1991. | • Date of equipment and software in place.<br><br>• Date of initiation of full operation. |

## VIII. Persons and Organizations Contacted

Sigrid Anderson
Deputy Chief, Division of Health and Human Resources
USAID, Bolivia

Lic. Elba Mercado
Population Program Coordinator
USAID, Bolivia

Dr. Fernando Paz Pacheco
*Presidente*
*Caja Nacional de Salud CHS*
La Paz, Bolivia

Alene Gelbard, PhD
Consultant, Research Triangle Institute
La Paz, Bolivia

Dr. Jack Antelo Solis
*Director General de la Salud*
*Ministerio de Salud*
La Paz, Bolivia

Roberto Bohrt M.D.
*Director, División de Atención a las Personas*
*Ministerio de Salud*
La Paz, Bolivia

Lic. René Pereira
*Director Ejecutivo*
*CONAPO, Ministerio de Planificación*
La Paz, Bolivia

Dra. Ruth Maldonado
FAMES
La Paz, Bolivia

Dr. Daniel Gutiérrez
*Director Programa de Salud Reproductiva*
*Organización Panamericana de la Salud (PAHO)*
La Paz, Bolivia

Lic. Bertha Pooley
*Directora Ejecutiva*
CIES

La Paz, Bolivia

Dra. Liselotte de Barragán
*Hospital San Gabriel*
La Paz, Bolivia

Dr. Guido Monasterios
*Director*
*Unidad Sanitaria La Paz*
La Paz, Bolivia

Lic. Carlos Salazar
CIES
La Paz, Bolivia

Lic. Antonio Arrázola
PROSALUD
Santa Cruz, Bolivia

Dr. Julio Kristeler
*Director*
*Programa de Mujer en Edad Fértil*
*Centro La Garita de Lima*
La Paz, Bolivia

Lic. Walter Soriano
SOMARC
PROSALUD
La Paz, Bolivia

## IX. Agenda for Laurel K. Cobb and Jaime Benavente

**March 11, 1991**

Lunch with Sigrid Anderson, Laurie, Sandy
Dinner with Manuel Olave

**March 12, 1991**

| | | |
|---|---|---|
| 8:30am | Meeting with Dr. Fernando Paz | CNS |
| 2:00pm | Meeting with Alene Gelbard | Demographic-ETI Consultant |
| 3:30pm | Meeting with Dr. Jack Antelo | MOH |

**March 13, 1991**

| | | |
|---|---|---|
| 2:30pm | CONAPO | |
| 3:30PM | Meeting with Dra. Ruth Maldonado | FAMES |

**March 14, 1991**

| | | |
|---|---|---|
| 9:00am | Dr. Daniel Gutiérrez | PAHO |
| 11:00am | Sigrid Anderson<br>Lic. Elba Mercado | USAID/Bolivia |
| 2:00pm | Visit to *El Alto* Clinic for CIES | |

**March 15, 1991**

| | | |
|---|---|---|
| 8:30 - 12:00 | Meeting and assessment of MOH with Dr. Jack Antelo<br>Dr. Roberto Borht and Dr. Daniel Gutiérrez | MOH |

**March 18, 1991**

| | | |
|---|---|---|
| 9:00am | CAs Meeting with Paul Hartenberger & Sigrid Anderson | USAID |
| 1:00pm | Meeting of *Consejo Técnico* | CIES |

**March 19, 1991**

| | | |
|---|---|---|
| 9:00am | Dra. Liselotte de Barragán | *Hospital San Gabriel* |
| 2:00pm | Dr. Julio Kristeler | *Director de Mujer en Edad Fértil* |
| | Dr. Guido Monasterios | *Unidad Sanitaria La Paz* |
| | | *La Garita de Lima* Rep. Health Clinic |

**March 20, 1991**

| | | |
|---|---|---|
| 8:30am | Sandy, Laurie, Jaime | |
| 11:30am | Debrief with USAID Sigrid Anderson | USAID/Bolivia & Lic. Elba Mercado |
| 2:00pm | Lic. Walter Soriano | SOMARC |
| 3:30pm | Lic. Alfredo Guzmán | PATHFINDER |